

Current Dismantler No. _____

STATE OF LOUISIANA
RECREATIONAL AND USED MOTOR VEHICLE COMMISSION
 3132 VALLEY CREEK DRIVE
 BATON ROUGE, LOUISIANA 70808
 (225) 925-3870 FAX # (225) 925-3869
 www.lrumvc.louisiana.gov

RECEIPT NO.
R#
LICENSE NO.
AD -
DATE ISSUED

**RENEWAL APPLICATION FOR LICENSE AS AN AUTOMOTIVE DISMANTLER AND PARTS RECYCLER
 FOR YEAR 20_____**

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of an Automotive Dismantler and Parts Recycler License. Any false answer shall be subject to a fine not to exceed \$5000.00 or imprisonment not to exceed 4 years or both.

OWNERSHIP NAME _____
(INDICATE NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, LLC OR LLP)

DEALERSHIP NAME _____ PHONE (____) _____
(NAME UNDER WHICH BUSINESS WILL BE CONDUCTED) (NO CELLULAR PHONES ALLOWED)

FAX (____) _____

OFFICE HOURS _____ DAYS _____

BUSINESS LOCATION _____ CITY _____ PARISH _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____
(IF DIFFERENT FROM ABOVE)

OWNERSHIP INFORMATION:

NAME: _____ TITLE _____ HOME PHONE _____
(INDICATE INDIVIDUAL, MANAGING PARTNER OR PRESIDENT OF CORPORATION)

CELLULAR PHONE (____) _____

HOME ADDRESS _____ CITY _____ ZIP _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

U.S. CITIZEN? YES ☐ NO ☐ IF NOT A U.S. CITIZEN, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT AND BACK) AND DRIVER'S LICENSE.

YES ☐ NO ☐ 1. HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIME OTHER THAN A TRAFFIC VIOLATION IN THE PAST 10 YEARS? IF YES, STATE INDIVIDUAL'S NAME, OFFENSE, DATE OF OFFENSE AND WHERE. _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS, RULES AND REGULATIONS UNDER WHICH THIS APPLICATION IS MADE.

DEALERSHIP SIGNATURE _____ DATE _____
(INDICATE INDIVIDUAL, MANAGING PARTNER, PRESIDENT OF CORPORATION OR DULY AUTHORIZED REPRESENTATIVE)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC SIGNATURE/COMMISSION STAFF _____

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.

SEE OTHER SIDE

ATTACH CHECK TO COVER \$200.00 FOR DISMANTLER, \$25.00 FOR EACH SALESMAN.

ATTACH CHECK FOR \$35.00 TO COVER CRIMINAL RECORD CHECK, IF APPLICABLE.

MAKE CHECK PAYABLE TO; LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.

MAIL COMPLETED FORM, SALESMAN APPLICATION(S), FEES AND ATTACHMENTS TO THE ADDRESS LISTED ON THE FRONT OF THIS APPLICATION.

LRUMVC 108 (R06/07)